

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

| CERTIFICATE UNDER 37 CFR 1.10  |                                 |
|--|---------------------------------|
| I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on <u>September 30, 2003</u> with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. <u>EV361030945US</u> addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                 |
| <u>September 30, 2003</u><br>Date  | <u>[Signature]</u><br>Signature |

03916 U.S. PTO  
10/676182  
093003

Re: Inventor(s): **STEVEN VERHAVERBEKE**  
Title: **DILUTE SULFURIC PEROXIDE AT POINT-OF USE**

Transmitted herewith is the patent application identified above, including:

- |   |             |
|---|-------------|
| <input checked="" type="checkbox"/> Specification, claims and abstract                              | Total Pages |
| <input type="checkbox"/> Drawings <input type="checkbox"/> Formal <input type="checkbox"/> Informal | Total Pages |
| <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney                      |             |
| <input type="checkbox"/> Information Disclosure Statement with List                                 |             |
| <input checked="" type="checkbox"/> Assignment of the Invention to Applied Materials, Inc.          |             |
| <input checked="" type="checkbox"/> Assignment Recordation Cover Sheet                              |             |

**FEE CALCULATION**

|   | NUMBER OF CLAIMS FILED | LESS NUMBER PAID BY BASIC FEE | NUMBER OF EXTRA CLAIMS (Not less than zero) | LARGE ENTITY FEE |
|---|------------------------|-------------------------------|---|------------------|
| Basic Fee                                       |                        |                               |   | \$750.00         |
| Total Claims                                    | 37                     | - 20 =                        | 17 X \$18 =                                 | \$306.00         |
| Independent Claims                              | 3                      | - 3 =                         | 0 X \$84 =                                  | \$0.00           |
| First Presentation of Multiple Dependent Claims |                        |                               | + \$.00                                     | -0-              |
| Total Filing Fee Calculation                    |                        |                               |   | \$1056.00        |

☒ The Commissioner is hereby authorized to charge \$1056.00 to Deposit Account No. 50-1074. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1074. A duplicate copy of this transmittal is enclosed.

☒ Please address all future correspondence to: ☒ Please direct all telephone calls to:

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Respectfully submitted,

[Signature]  
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